

State of Nebraska Managed Care Enrollment/Disenrollment

Managed Care (MC) begins with eligibility determination. Eligibility has two components, MH/SA and MED/SURG. Each of these has its own requirements and are defined below.

On a daily basis, clients are reviewed to see if they are eligible for MC. Eligibility determination is always for the following month and not for current or past months (see exception below for wards). If a client is determined eligible, they are placed into MC with a pending status. For MED/SURG, a letter is sent to the client indicating they are eligible for MC and asking them to choose a PCP. MH/SA component does not require a PCP.

At month-end, usually four working days before the end of the month, all clients will have their eligibility for MC checked.

If determined eligible for MH/SA, the following action(s) will be taken depending on client's current status.

- If active in MC - No change
- If pending MC – Start first of next month (See exception below for Wards)
- If not in MC – Place into MC with a start date equal to the first of next month

If determined eligible for MED/SURG, the following action(s) will be taken depending on client's current status.

- If active in MC – No change
- If pending MC with a PCP – Start first of next month
- If pending MC with no PCP – No change
- If not in MC – Place into MC with a pending status and send letter.

If determined NOT eligible for MH/SA, the following action(s) will be taken depending on client's current status.

- If active in MC – Disenroll client with an end date equal to end of current month
- If pending MC – Set client start date and end date equal to end of current month to indicate never active
- If not in MC – No change

If determined NOT eligible for MED/SURG, the following action(s) will be taken depending on client's current status.

- If active in MC – Disenroll client with an end date equal to end of current month.
- If pending MC – Set client start date and end date equal to end of current month to indicate never active on MC.
- If not in MC – No change

Once a client becomes active in MC, they will remain in MC for the entire month. That means a change in a client's eligibility will not change their MC enrollment for the month.

As mentioned earlier, the start date is set to the first of next month when a client goes from pending to active. The only exception to this is for state wards. For the MH/SA component of MC, wards may be backdated to the first of the month in which the client became a state ward.

Below are the requirements for MC eligibility.

The clients must be eligible for Medicaid along the following for each component.

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Medical/Surgical component:

You must be in one of following groups:

- AABD
- AFDC
- FOSTER CARE, DEPT. WARD IV-E
- FOSTER CARE, SUB-GUARDIANSHIP
- FOSTER CARE, DEPT. WARD NON-IV-E
- FOSTER CARE, DEPT. WARD IV-E CHLD WELFR
- FOSTER CARE, NON-DSS RELATED WARDS
- RIBICOFF
- FOSTER CARE, FORMER WARD
- MEDICAL ASSISTANCE TO CHILDREN

Case must be managed in Lincoln/Lancaster district or Omaha Metro district
Live in Douglas, Lancaster, or Sarpy County

You may NOT have any of the following waivers:

- MENTAL RETARDATION WAIVER
- MENTAL RETARDATION CASE MANAGEMENT
- AGED AND DISABLED WAIVER
- KATIE BECKETT WAIVER
- REFUGEE SETTLEMENT CLIENTS
- EARLY INTERVENTION
- BREAST/CERVICAL CANCER TREATMENT GROUP
- INMATE OF PUBLIC INSTITUTION
- DDAC, DEVELOPMENTAL DISABLE ADULT COMP
- DDAR, DEVELOPMENTAL DISAB ADLT RESIDENT
- DDAD, DEVELOPMENTAL DISABILITY ADULT DAY
- TRAUMATIC BRAIN INJURY

May not live in nursing home or long term care home.

May not have Medicare coverage.

May not have excess income.

May not have the following TPL coverage:

- STD. GROUP/INDIV. -PENDING
- STD. HMO/PRE-PAID-PENDING
- PENDING MEDICARE SUPPLEMENT PLAN
- STANDARD PPO - PENDING
- STD. COMP. MEDICAL-VERIFIED
- HMO/PRE-PAID PLAN-VERIFIED
- CHAMPUS/CHAMPVA

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MH/SA component:

You must be in one of following groups:

- AABD
- AFDC
- FOSTER CARE, DEPT. WARD IV-E
- FOSTER CARE, SUB-GUARDIANSHIP
- FOSTER CARE, DEPT. WARD NON-IV-E
- FOSTER CARE, DEPT. WARD IV-E CHLD WELFR
- FOSTER CARE, NON-DSS RELATED WARDS
- RIBICOFF
- FOSTER CARE, FORMER WARD
- MEDICAL ASSISTANCE TO CHILDREN
- FOSTER CARE-SA, OTHER ST
- FOSTER CARE-SA, NON IV-E

May not live in nursing home or long term care home.

May not have excess income.

You may NOT have any of the following waivers:

- MENTAL RETARDATION WAIVER
- MENTAL RETARDATION CASE MANAGEMENT
- AGED AND DISABLED WAIVER
- KATIE BECKETT WAIVER
- REFUGEE SETTLEMENT CLIENTS
- EARLY INTERVENTION
- BREAST/CERVICAL CANCER TREATMENT GROUP
- INMATE OF PUBLIC INSTITUTION
- DDAC, DEVELOPMENTAL DISABLE ADULT COMP
- DDAR, DEVELOPMENTAL DISAB ADLT RESIDENT
- DDAD, DEVELOPMENTAL DISABILITY ADULT DAY
- TRAUMATIC BRAIN INJURY